



Mesa Parks, Recreation and Commercial Facilities Department
Fee Assistance Application

Parent/Guardian FULL Name_____

Street Address_____

(must be same address as on verification letter)

City_____ State Arizona Zip Code_____

Phone #1_____ Phone #2_____

E-Mail Address_____

Name_____ DOB _____

Name_____ DOB _____

Name_____ DOB _____

Name_____ DOB _____

Name_____ DOB _____

Name_____ DOB _____

I certify that all the information submitted is true and correct, and all names listed are members residing in my home

Signature of Parent/Guardian (Full Name)

Date

Verification:

- ☐ Letter from MPS Food Services
- ☐ WIC verification
- ☐ Unemployment verification
- ☐ AHCCCS verification

Maricopa County Low-Income Guidelines
(Official Use Only)

Family Size	Income
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$36,030
8	\$40,060